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IMMUNIZATION

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Immunization Recommendations for Residents of Long Term Care Facilities

Timing of Immunizations	
Influenza	Recommended annually for all residents.
Pneumococcal	Recommended for residents 65 years and older. A repeat dose after 6 years may be given to those at highest risk*
Tetanus, Diphtheria (Td)	<p>Nursing home residents should be assessed for the primary Td series. If the primary series are not documented, series should be given.</p> <p>Primary Series: Three Doses</p> <p style="padding-left: 40px;">Dose 1</p> <p style="padding-left: 40px;">Dose 2 - 1 month later</p> <p style="padding-left: 40px;">Dose 3 – 6 months after dose 2</p> <p>A booster Td should be given every 10 years.</p>
* Consult the resident's physician to determine the level of risk and need for this vaccine.	

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Employee Immunization Recommendations

Timing of Immunizations	
Hepatitis A	<p>Recommended for all food handlers.</p> <p>Series: Two doses</p> <p>Dose 1</p> <p>Dose 2 – 6 months later</p>
Hepatitis B	<p>Recommended for health care professionals who perform tasks involving contact with blood, blood–contaminated body fluids, other body fluids/sharps.</p> <p>Series: Three doses</p> <p>Dose 1</p> <p>Dose 2 – 1 month later</p> <p>Dose 3 – 5 months after dose 2</p>
Influenza	Recommended annually for all staff.
Measles, Mumps, Rubella (MMR)	<p>Recommended.</p> <p>Persons can be considered immune to measles, mumps or rubella if they:</p> <ol style="list-style-type: none"> 1) were born prior to 1957; 2) have documentation of physician diagnosed measles or mumps disease; 3) laboratory evidence of measles, mumps/rubella immunity; 4) 2 doses of measles, mumps, rubella vaccine administered on or after the 1st birthday. <p>Note: Should not be given to pregnant women or those considering pregnancy within 3 months of vaccination.</p>

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Varicella	<p>Recommended. A reliable history of chickenpox is a valid record of immunity. If no history of disease, varicella vaccine is recommended.</p> <p>Series: Two doses Dose 1 Dose 2 – 1-2 months later</p> <p>Note: Should not be given to pregnant women or those considering pregnancy or attempting to become pregnant.</p>
Tetanus, Diphtheria (Td)	<p>Health care professionals should be assessed for the primary Td series.</p> <p>Primary Series: Three doses Dose 1 Dose 2 – 1 month later Dose 3 – 6 months after dose 2 Employees should receive a booster every 10 years.</p>

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TABLE 5. Work restrictions* for health-care workers (HCWs) exposed to or infected with certain vaccine-preventable diseases

Disease / Problem	Work Restriction	Duration
Diphtheria		
Active	Exclude from duty.	Until antimicrobial therapy is completed and 2 nasopharyngeal cultures obtained 24 hours apart are negative.
Postexposure (Susceptible HCWs; previously vaccinated HCWs who have not had a Td booster dose within the previous 5 years)	Exclude from duty.	Same as active diphtheria
Asymptomatic carriers	Exclude from duty.	Same as active diphtheria.
Hepatitis A	Restrict from patient contact and food handling.	7 days after onset of jaundice.
Hepatitis B		
HCWs with acute or chronic antigenemia:		
-HCWs who do not perform exposure-prone invasive procedures (21)	Standard precautions should always be observed. No restriction unless epidemiologically linked to transmission of infection.	Universal precautions should always be observed.
-HCWs who perform exposure-prone invasive procedures	These HCWs should not perform exposure-prone invasive procedures until they have sought counsel from an expert review panel which should review and recommend the procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker (30).	Until HBsAg ⁺ is negative.
Upper respiratory infections (Persons at high risk for complications of influenza as defined by A CIP [3])	During particular seasons (e.g., during winter when influenza and/or RSV are prevalent), consider excluding personnel with acute febrile upper respiratory infections (including influenza) from care of high-risk patients.	Until acute symptoms resolve.
Measles		
Active	Exclude from duty	7 days after rash appears.
Postexposure (Susceptible personnel)	Exclude from duty.	5th day after 1st exposure through 21st day after last exposure and/or 7 days after the rash appears.

TABLE 5. Work restrictions* for health-care workers (HCWs) exposed to or infected with certain vaccine-preventable diseases — Continued

Disease/Problem	Work Restriction	Duration
Mumps		
Active	Exclude from duty	9 days after onset of parotitis.
Postexposure (Susceptible personnel)	Exclude from duty.	12th day after 1st exposure through 26th day after last exposure or 9 days after onset of parotitis.
Pertussis		
Active	Exclude from duty	Beginning of catarrhal stage through 3rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
Postexposure <i>Symptomatic personnel</i>	Exclude from duty	5 days after start of effective antimicrobial therapy.
<i>Asymptomatic personnel</i>	No restriction, on antimicrobial prophylactic therapy.	
Rubella		
Active	Exclude from duty	5 days after the rash appears.
Postexposure (Susceptible personnel)	Exclude from duty.	7th day after 1st exposure through 21st day after last exposure and/or 5 days after rash appears.
Varicella		
Active	Exclude from duty	Until all lesions dry and crust.
Postexposure (Susceptible personnel)	Exclude from duty	10th day after 1st exposure through 21st day (28th day if VZIG administered) after the last exposure; if varicella occurs, until all lesions dry and crust.
Zoster		
(Localized in normal person)	Cover lesions; restrict from care of high-risk patients [§] .	Same as varicella.
Postexposure (Susceptible personnel)	Restrict from patient contact.	

* Adapted from:

- (173) CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40(RR-8):1-8.

- (95) CDC. Guideline for isolation precautions in hospitals. Recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC) and the National Center for Infectious Diseases. Infect Control Hosp Epidemiol 1996;17:53-80.

- (178) Williams WW: CDC guideline for infection control in hospital personnel. Infect Control 1983;4(Suppl):326-49.

† HBeAg = Hepatitis B e antigen.

§ Patients who are susceptible to varicella and at increased risk for complications of varicella (i.e., neonates and immunocompromised persons of any age.)

Source: CDC Morbidity and Mortality Weekly Report Recommendations and Reports: Immunization of Health-Care Workers—Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), Vol. 26 (RR-18), December 26, 1997.